## **West Virginia Ethics Commission**

Name and contact information

## **Lobbyist Activity Report Form** 2018-02

SEP 17 2018

Received

NV Ethics Commission

Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 304-558-0664

For office use only: Postmark \_\_\_\_

Days late

**West Virginia Ethics Commission** 

No faxed copies

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

Name Alexander Macia						Phone 304-340-3835				
Address 300 Kanawha Boulevard, East						Email amacia@spilmanlaw.com				
City, Sta	ate Zip C	harleston, West Vii	rginia 25301							
2 2-		uta d fan webieb Abie		. i. b i fil . d						
2. Re Check	Report	riod for which this Period	Due Date	t is being filed		40.00				
X	2018-2	5/1/18-8/31/18	9/17/2018							
	2020 2	3, 1, 10 0, 11, 10	0,1.,2020	1 THE RESERVE OF		D. Barrier				
				-17						
3. Lis	t all emplo	yers/organizations	that you rep	resent as a lobi	pyist	Us	e additional re	porting forms i	f necessary.	
1.	West Virgi	nia Energy Users			4 Care	esource Manag	ement			
						State Medical Association				
							can College of Cardiology			
3.		W	100		6. <u></u>	onoan conege	or cardiology			
1. Lo	bying act	ivity summary - If t	here was no a	ctivity or expe	nditures, indicat	e "none."				
Engag	jed in lobi	oying activities rel	ating to subj	ect matters of	healthcare, ins	surance law, he	ealthcare regu	ilation, and er	ergy regulation.	
5. Ex	penditures									
		, including campai								
		y on any public offic					the amounts sp	ent in each of	the following	
		h employer you rep				7	1	T		
	iture Cate		Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.		Beverages	\$	\$	\$	\$	\$	\$	\$	
В.	Lodging		\$	\$	\$	\$	\$	\$	\$	
C.	Advertisin	g	\$	\$	\$	\$	\$	\$	\$	
D.	Travel		\$	\$	\$	\$	\$	\$	\$	
E.	Gifts	0000	\$	\$	\$	\$	\$	\$	\$	
F.	Other Exp		\$	\$	\$	\$	\$	\$	\$	
G.	Group Exp				⊣ > KPENDED" COLU		\$	\$	<u> </u>	
Н.		Contributions all expenditures	\$	\$	\$	\$	\$	\$	\$ <b>\$</b>	
f.		or contributed to an								
		B for each event.	y group event	or snared expe	enses, hat the tot	ar experided in C	ategory 50 mm	neulately above	e. Complete and	
6. Lo	byist cert	ification – Please re	ead and sign b	elow.						
To the l		knaviladas tha infe	tion cont	ained become	nd on any attach	ad matarials is t		l annumbra I		
		knowledge, the info Code §6B-3-9 to wil								
		enced to all or bot		willigiy iile a lai	se or incomplete	report. Hurthe	i understand ti	iat ii convicted	or such an act, i	
		10100	nde	Mania	70			nalila	110	
.obbyis	t Signatur	e dulle	we no	June			Date:	V7/16/d	U10	